

**SOMERSET BERKLEY REGIONAL HIGH SCHOOL  
PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Gr. \_\_\_\_\_ DOB \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

\*\*\*\*\*

Date of Physical \_\_\_\_\_ Normal Abnormal Findings

**Cardiopulmonary:**

Heart	_____	_____
Pulses	_____	_____
Lungs	_____	_____

**Skin:**

\_\_\_\_\_

**Abdominal:**

\_\_\_\_\_

**Genitalia:**

\_\_\_\_\_

**Musculoskeletal:**

Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back (incl. scoliosis)	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

**Neuro:**

\_\_\_\_\_

**Other:**

\_\_\_\_\_

\*\*\*\*\*

**Medications:** Y N Name of meds., dosage, and frequency \_\_\_\_\_

**Allergies:** Y N If yes, please describe \_\_\_\_\_

**Immunizations/Boosters:** (give exact dates)

Td \_\_\_\_\_ MMR #1 \_\_\_\_\_ #2 \_\_\_\_\_  
Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**Screenings:** Urine Check (Protein) \_\_\_\_\_

**Significant findings:** \_\_\_\_\_

**Significant illness or injuries:** \_\_\_\_\_

**Medication or treatment orders to be carried out at school:** \_\_\_\_\_

**Sports Clearance:** A.) Cleared \_\_\_\_ B.) Not cleared \_\_\_\_ C.) Cleared after \_\_\_\_

Name of Physician (print clearly) \_\_\_\_\_

Signature of Physician

Date of Signature